



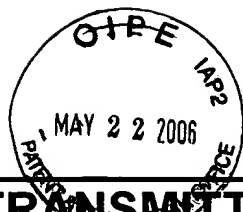
TFW 2154/B

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/802,405
		Filing Date	March 9, 2001
		First Named Inventor	Wolf-Dietrich Weber
		Art Unit	2154
		Examiner Name	Mohammed A. Sidiqui
Total Number of Pages in This Submission	32	Attorney Docket Number	2998P013

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div>- return receipt postcard; and - attachment to the Amendment (1 page), 8 cited references.</div>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas S. Ferrill, Reg. No. 42,532 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Thomas S. Ferrill</i>
Date	5-18-06

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Deborah A. McGovern		
Signature	<i>Deborah A. McGovern</i>	Date	May 18, 2006



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/802,405
Filing Date	March 9, 2001
First Named Inventor	Wolf-Dietrich Weber
Examiner Name	Mohammed A. Sidiqui
Art Unit	2154
Attorney Docket No.	2998P013

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 400.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
38	36* = 2	50.00	\$100.00
Independent Claims	4* = 0	200.00	\$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 395	**Reissue independent claims over original patent	
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	100.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051 130		2051 65		Surcharge - late filing fee or oath	
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet.	
2053 130		2053 130		Non-English specification	
1251 120		2251 60		Extension for reply within first month	120.00
1252 450		2252 225		Extension for reply within second month	
1253 1,020		2253 510		Extension for reply within third month	
1254 1,590		2254 795		Extension for reply within fourth month	
1255 2,160		2255 1,080		Extension for reply within fifth month	
1401 500		2401 250		Notice of Appeal	
1402 500		2402 250		Filing a brief in support of an appeal	
1403 1,000		2403 500		Request for oral hearing	
1451 1,510		2451 1,510		Petition to institute a public use proceeding	
1460 130		2460 130		Petitions to the Commissioner	
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)	
1806 180		1806 180		Submission of Information Disclosure Stmt	180.00
1809 790		1809 395		Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790		2810 395		For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)		(\$)			300.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas S. Ferrill	Registration No. (Attorney/Agent)	42,532	Telephone	(408) 720-8300
Signature	<i>Thomas S. Ferrill</i>	Date	5-18-06		